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UNITED NATIONS POPULATION FUND

Recommendation by the Executive Director
Assistance to the Government of Algeria

Proposed UNFPA assistance:	$6 million, $5 million from regular resources and $1 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Third
Category per decision 2000/19:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	3.5	0.8	4.3
Population and development strategies	0.7	0.1	0.8
Advocacy	0.3	0.1	0.4
Programme coordination and assistance	0.5	--	0.5
Total	5.0	1.0	6.0

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ALGERIA

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	77	≥60
Contraceptive prevalence rate (%)[2]	52	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	--	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	24.5	≤65
Infant mortality rate (per 1,000 live births)[5]	44	≤50
Maternal mortality ratio (per 100,000 live births)[6]	--	≤100
Adult female literacy rate (%)[7]	45	≥50
Secondary net enrolment ratio (%)[8]	98	≥100

*AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001.*
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6/ The World Bank, *World Development Indicators, 2000.*
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	30,841	Annual population growth rate (%)	1.76
Population in year 2015 (000)	38,022	Total fertility rate (/woman)	2.79
Sex ratio (/100 females)	103	Life expectancy at birth (years)	
Age distribution (%)		Males	68.7
Ages 0-14	34.8	Females	71.8
Youth (15-24)	21.7	Both sexes	70.3
Ages 60+	6.0	GNP per capita (U.S. dollars, 1998)	1550

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the five-year period 2002-2006 to assist the Government of Algeria in achieving its population and development goals. UNFPA proposes to fund the programme in the amount of $6 million, of which $5 million would be programmed from UNFPA regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $1 million through $500,000 from government cost sharing and $500,000 from multi-bilateral modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's third programme of assistance to Algeria, which is a "Category B" country under UNFPA's resource allocation criteria.

2. The proposed programme was developed in consultation with the Government of Algeria, United Nations agencies and non-governmental organizations (NGOs). It takes into account various national plans, the country's newly updated population policy priorities, the Country Population Assessment exercise, and the United Nations Development Assistance Framework (UNDAF). The programme was developed to be compatible with reforms currently under way aimed at restructuring various institutions and sectors of the economy, rehabilitating public services, and contributing to the development of private economic initiatives.

3. The goal of the proposed programme is to contribute to improving the welfare of the people of Algeria and to reducing poverty through initiatives aimed at: reducing maternal mortality; improving access to integrated and quality reproductive health services, including family planning; expanding informed reproductive health choices among the Algerian people; and reducing inequalities and inequities, particularly those related to gender. The programme will focus on contributing to: (a) developing an integrated reproductive health approach; (b) satisfying the growing demand for reproductive health services among youth and adolescents; (c) developing national capacities to improve programme performance and promote South-South exchange and cooperation, particularly among the Maghreb countries; and (d) mainstreaming gender and empowerment of women into development programmes.

4. The proposed programme was developed within the framework of a human rights approach. All the activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The population of Algeria was estimated at about 30 million in 2001. The rate of population growth, estimated at 1.45 per cent in 1999, decelerated in the late 1980s and throughout the 1990s due to the delay of the age at marriage and the increase of the use of family planning methods as a result of changes in the status of women, the increasing level of education among women and other socio-economic changes. The decline in population growth also took place at a time of falling oil prices and subsequent declines in the gross domestic product (GDP) and consumption per capita.

The population is expected to reach 35 million by 2010 and 40 million by 2020. About 22 per cent of the population are between the ages of 15 and 24. The total fertility rate was 2.6 in 2001.

6. Maternal mortality is estimated at 117 per 100,000 live births, with the majority of maternal deaths taking place after referral to public health centres, due to the lack of access to emergency obstetric care. Factors cited for the high rate of maternal mortality include: (a) lack of access to emergency obstetric care; (b) insufficient attention given to high-risk pregnancies (about 19 per cent of maternal deaths occur among women over 40); (c) underutilization of postnatal care; (d) poor prenatal care (some 18 per cent of maternal deaths result from toxaemia and infection); and (e) the poor quality of delivery and abortion services (which, combined, account for 15 per cent of maternal deaths). Despite high levels of immunization, the rate of infant mortality reached 40 per 1,000 at the beginning of the 1990s, due to the poor quality of care during and immediately after delivery. Maternal and infant mortality rates are both higher in poor areas like the South and the High Plateaux, where infrastructure, human resources and access to care are particularly deficient.

7. Despite almost universal awareness of modern contraceptive methods (more than 95 per cent of Algerian women know at least three), the contraceptive prevalence rate remained stagnant at 50 per cent between 1995 and 2000. Oral contraceptives accounted for more than 80 per cent of usage, while condom use was very low.

8. HIV/AIDS infection rates are officially low but are believed to be inaccurate due to poor surveillance. Gonorrhoea and urethritis infection rates are estimated at 0.4 per cent in the northern part of the country and 0.8 per cent in the south. Adolescents and migrants appear to be at higher risk of contracting sexually transmitted infections (STIs) than the rest of the population, as do people living near the country's southern border.

9. Adolescents constitute a particularly vulnerable category of the population. About three out of four lack an accurate understanding of reproductive physiology, and only 50 per cent of 16- to 18-year-old students participating in a recent survey were found to have adequate knowledge of modern contraceptive methods. Surveys have also indicated a perpetuation among young people of traditional gender role perceptions that militate against the empowerment of women.

10. Algeria's Constitution guarantees gender equality, and the Government is party to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Yet illiteracy and unemployment among women stand at 46 per cent and 30 per cent, respectively, and a great deal more needs to be done to address gender-based violence and discrimination.

Previous UNFPA assistance

11. UNFPA's first programme of assistance to the Government of Algeria began in 1989. The second UNFPA programme of assistance to Algeria, covering the period 1998-2000, was budgeted at $7 million, of which $5.1 million was programmed from regular resources; it was extended by one year until the end of 2001 in order to harmonize the programme with those of other United Nations agencies. The overall objectives of the UNFPA programme were to: improve access to integrated

and quality reproductive health services, particularly in the poorest areas of the country; increase the use, and available variety, of contraceptives; and to widen the population programme in order to better reflect the ICPD Programme of Action and to better achieve gender equity and equality and the empowerment of women.

12. Under the programme, reproductive health services were expanded to include the screening and diagnosis of breast and cervical cancer and STIs. UNFPA supported the training of health providers and managers in the improvement of quality of care and assisted in the elaboration of related protocols and standards. Special emphasis was placed on logistics management for family planning and STI prevention services. The strengthening of the referral network contributed to the improvement of prenatal care and delivery conditions; according to one survey, the percentage of women receiving prenatal care rose from 57.3 per cent in 1992 to 77 per cent in 2000. The persistently skewed choice of contraceptive methods available in primary health-care centres in favour of long-term methods continues to be the main contributing factor for the levelLing off of the contraceptive prevalence rate. Despite the efforts undertaken to increase access to reproductive health services, efforts are still needed to expand the package of services available and to improve their quality.

13. Programme support for population and development strategies focused on policy research, policy development and capacity building for monitoring and evaluation. The national population policy was updated in accordance with the national targets and recommendations of the ICPD, and the National Centre for Study and Analysis of Population and Development (CENEAP) was strengthened in order to enhance its capacity to execute projects.

14. In the area of population, gender and development, UNFPA helped establish norms and initiatives for projects such as the formulation of a national strategy for women's empowerment and for NGO capacity building. Programme support for these activities was limited, however, and would need to be extended further in order to have a multiplier effect among a broad network of NGOs and government institutions. With regard to youth and adolescents, UNFPA supported information and education activities in the formal and non-formal education sectors and contributed to raising awareness in the Government of the need to expand the scope of population education and create sustainable programmes through the medical services of schools and universities, in partnership with selected NGOs.

15. The key lessons learned from the second UNFPA programme in Algeria include: (a) the need to clarify the coordinating roles of various ministries and other national institutions responsible for programme implementation; (b) the need for better coordination among UNFPA and other United Nations agencies to avoid duplication; (c) the importance of evaluating the impact of information, education and communication (IEC) activities to enable better segmentation of audiences and achieve a higher subsequent return on investment; and (d) the need to build capacity for monitoring and evaluation, including the design and conduct of rapid assessment procedures and implementation of a results-based management approach.

Other external assistance

16. UNICEF provides support for activities targeting mothers and children and the development of the girl child. UNAIDS is providing support for the formulation of an HIV/AIDS prevention strategy. The International Planned Parenthood Federation (IPPF) focuses on provision of contraceptives.

17. Various United Nations agencies have also supported the development of gender-related activities and strategies. WHO has provided support to a programme for women who are victims of domestic violence. UNDP is supporting the development of an overall gender strategy. UNICEF support targets children who are the victims of terrorist-related violence and women afflicted by psychological and physical abuse, while UNIFEM helped conduct a survey on domestic violence against women.

Proposed programme

18. The overall goal of the proposed country programme is noted in paragraph 3 above. This goal emanates from government strategies and objectives and is consistent with UNDAF goals and objectives. At the central level, the programme would focus on the normative aspects of reproductive health service delivery, its operationalization, and the development of plans of action at the sectoral and regional levels. At the decentralized level, the programme would focus on targeted geographic areas in order to reduce equity gaps with regard to access to and quality of services. At the community level, fostering a participatory approach would be a key element in programme management and for community mobilization.

19. Reproductive health. The purpose of the reproductive health subprogramme is to increase the utilization of integrated quality reproductive health services by increasing their availability, expanding contraceptive choice and contributing to safer childbirth. Other reproductive health components to be included in the overall package include prenatal and postnatal care, prevention and management of reproductive tract infections (RTIs), and services targeted especially to adolescents.

20. At the central level, emphasis would be on: (a) strengthening the technical skills of health providers; (b) developing and operationalizing normative aspects of reproductive health care, in particular those regarding service protocols and standards, supervision and training; (c) developing methodologies for the integration of gender into reproductive health services; (d) integrating reproductive health into the health information system and establishing a logistics management information systems; and (e) contributing to capacity building of national institutions (such as the National School of Public Health) that will play an essential role in training staff at the regional level on operations research and evaluation techniques and on management of population and reproductive health programmes and that have a key role in the area of South-South cooperation. The programme would also assist the Government in the area of contraceptive procurement.

21. At the regional level, integrated reproductive health services would be provided, in part through training for physicians and midwives. This training would include information on new

contraceptive technologies and on how to make information more user friendly. Training in emergency obstetrical care would be given to primary health-care doctors and midwives in order to achieve safer delivery in health centres, maternal hospitals and referral hospitals by integrating emergency obstetrical care into existing reproductive health services. The prevention of reproductive tract infections (RTIs) and screening of female genital cancer would be integrated into curricula at the national level, while STI and HIV/AIDS prevention and treatment efforts would be primarily concentrated in higher-risk areas, such as those near the southern border.

22. Reduction of maternal mortality is a key element of programme strategy. The focus would be on community-based programmes aimed at mobilizing local and community resources for emergency obstetrical care. The programme focus would also be on reinforcing the right of women to participate in decision-making about family planning in order to reduce high-risk pregnancies.

23. Another output of the reproductive health subprogramme would be the promotion of responsible behaviour and increased awareness among young people, particularly with regard to their sexual health and the prevention of the transmission of STIs and HIV and the promotion of gender equality. Activities would focus on: (a) support for the integration of reproductive health, including family planning and sexual health, into the medical services of schools and universities; (b) strengthening youth networks and peer-to-peer education; and (c) support for population education programmes at the secondary and university level.

24. Population and development strategies. The purpose of the population and development strategies subprogramme is to strengthen the mechanisms for developing and updating the population policy and for integrating gender and population into the formulation of development programmes. This would be achieved by: strengthening national capacities in the management and evaluation of population programmes and policies; creating a favourable environment for the mobilization of resources at national, regional and local levels; and reinforcing the commitment of the Government to the international recommendations of the ICPD. Key activities would include: (a) elaboration of methodologies for the integration of population and gender into planning processes at the national and local levels; (b) related training of members of local and regional population committees and sectoral ministries on integration of population and gender into sectoral planning; (c) updating of the system of indicators for the follow-up of the population programme and for the ICPD Programme of Action; (d) policy-oriented research, including studies on international migration and reproductive behaviour among youth and adolescents; and (e) establishment of a system for gender-related statistics.

25. The mainstreaming of advocacy activities, as a strategic approach, into the programme would facilitate the mobilization of key stakeholders, including the legislature, civil society and the media. To help create a favourable environment for building and maintaining public awareness of population issues, and for resource mobilization in support of the programme, UNFPA would provide support for advocacy initiatives targeting international donors, as well as initiatives geared to local representatives, community leaders, parliamentarians, journalists and other opinion leaders, in order to mobilize resources for the population programme at the local level and to promote reproductive rights, gender equity and equality, and the empowerment of women.

26. The proposed programme would strengthen the capacity of organizations and agencies that advocate for women's rights and reproductive rights through the following activities: (a) training NGO staff in carrying out advocacy on the legal aspects of the status of women, addressing gender-based violence, and facilitating a national debate on the national strategy for the promotion of women; (b) mainstreaming gender into the development activities of relevant ministries; (c) upgrading the capacities of NGOs to execute projects, administer assets and mobilize resources; and (d) supporting NGOs that assist women in distress.

Programme implementation, coordination, monitoring and evaluation

27. The Ministry of Health would coordinate the proposed programme in collaboration with the Ministry of Foreign Affairs. It would also oversee implementation of the reproductive health subprogramme. The Directorate of Population at the Ministry of Health and Population would implement activities related to population policy formulation. The Ministry of Education and the Ministry of Youth and Sport would implement activities targeting youth and adolescents. CENEAP would play an important role in the coordination of training and research. UNFPA would undertake a coordinating role among donors and would work in close partnership with the Government to mobilize resources from bilateral and multilateral funding agencies in support of the population programme.

28. The monitoring and evaluation of the proposed programme would be conducted in accordance with UNFPA policies, procedures and guidelines. UNFPA would establish a monitoring system to oversee and mobilize technical assistance in support of the programme through the Country Technical Services Team (CST) in Amman, Jordan, and from national, regional and international research and training institutions. A midterm review would be conducted in the third year of the programme. External evaluations would be made before the midterm review and at the end of the programme cycle. Evaluation mechanisms would be built into the programme, and results-based monitoring would be an integral part of programme implementation. Output and process indicators would be drawn from routine statistics at the Ministry of Health and Population and other institutions that participate in programme execution.

29. The Pan Arab Family Health (PAPFAM) survey for Algeria, which is planned for 2002, would provide the necessary baseline information at the beginning of the programme. The survey sample would be selected at a subnational level. The indicators generated from the PAPFAM would be revised after a follow-up survey to be conducted in 2005 or 2006. The results of these surveys would also be used to update the Common Country Assessment.

30. The UNFPA field office is composed of a Representative, an Assistant Representative, and four support staff. The current capacity of the office would be strengthened with the appointment of one national professional project personnel to ensure proper coordination of the reproductive health subprogramme, a part-time computer specialist and, possibly, a part-time staff member to support knowledge-sharing efforts. Under the proposed programme, funds in the amount of $500,000 would be used for programme coordination and assistance and support to the Resident Coordinator system.

Recommendation

31. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Algeria, as presented above, in the amount of $6 million for the period 2002-2006, of which $5 million would be programmed from the Fund's regular resources, to the extent that such resources are available, and $500,000 would be sought from government cost sharing and an additional $500,000 would be sought from other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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